

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445260 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 04/16/2012 |
| NAME OF PROVIDER OR SUPPLIER BRIARCLIFF HEALTH CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 100 ELMHURST DR OAK RIDGE, TN 37830 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| K 045 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the illumination of means of egress, including exit discharge, is arranged so that the failure of any single lighting fixture (bulb) will not leave the area in darkness.</p> <p>The findings include:</p> <p>Observation and interview with the Maintenance Director on April 18, 2012 at 9:32 a.m. revealed that the light fixture outside of the kitchen exit is of only a single lighting fixture (bulb).</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 18, 2012.</p> | K 045 | <p>K-045</p> <p>The light fixture outside of the kitchen exit will be replaced with a two-bulb fixture.</p> <p>All other exits were inspected by the Maintenance Director and no other single lighting fixtures were identified.</p> <p>The Director of Maintenance will complete weekly inspections of all exits to ensure compliance is maintained.</p> <p>The Administrator or designee will randomly observe for compliance for 3 months. Results will be discussed in the monthly Continuous Quality Improvement meeting comprised of the DON, Risk Manager, Medical Director, Social Services Director, Dietary Manager, Rehab Director, Staff Development Coordinator, Admissions Director, Activities Director, Restorative Nurse, Wound Care Nurse, Director of Medical Records and Administrator for Quality Assurance.</p> | 5-19-12 | |
| K 067 SS=F | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> | K 067 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| K 067 | Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure the fire dampers were maintained in accordance with NFPA 90A. The findings include: Record review and interview with the Maintenance Director on April 18, 2012 at 12:00 p.m. confirmed the facility failed to perform the required 4-year fire damper maintenance. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 18, 2012. | K 067 | K-067 Fire dampers will be inspected and maintenance will be provided by a licensed mechanical contractor. Maintenance Director was re-educated to have scheduled maintenance of fire dampers completed by a licensed mechanical contractor every four years as required. The Director of Maintenance will complete weekly inspections of all fire dampers for 3 months to ensure compliance is maintained. | 5-21-12 | |
| K 147 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70, Article 300-15. The findings include: Observation on April 18, 2012 at 10:35 a.m. revealed exposed wiring in the heater above the second shower stall in the West Wing shower room. This finding was verified by the Maintenance | K 147 | All aspects of fire safety requirements will be reviewed and discussed monthly in the monthly Continuous Quality Improvement meeting comprised of the DON, Risk Manager, Medical Director, Social Services Director, Dietary Manager, Rehab Director, Staff Development Coordinator, Admissions Director, Activities Director, Restorative Nurse, Wound Care Nurse, Director of Medical Records and Administrator for Quality Assurance. | | |

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| K 147 | Continued From page 2 Supervisor and acknowledged by the Administrator during the exit conference on April 18, 2012. | K 147 | <p>K-147 The electrical wiring in the heater above the second shower stall in the west wing shower room will be properly covered and sealed.</p> <p>The Director of Maintenance will inspect all other areas in the facility, if any other areas with exposed wiring are identified, the Director of Maintenance will cover and seal.</p> <p>The Director of Maintenance complete building inspections to ensure compliance is maintained monthly.</p> <p>The Administrator or designee will review reports of maintenance inspections monthly. Results will be discussed in the monthly Continuous Quality Improvement meeting comprised of the DON, Risk Manager, Medical Director, Social Services Director, Dietary Manager, Rehab Director, Staff Development Coordinator, Admissions Director, Activities Director, Restorative Nurse, Wound Care Nurse, Director of Medical Records and Administrator for Quality Assurance.</p> | | 5-21-12 |